

advances in cataract surgery, such as concomitant laser surgery, advanced intraocular corrective lenses, and the expected future development of the technique. The treatment of cataracts now

requires tailoring the operation to the individual's need and a multidisciplinary approach is required, the authors say, but not all patients with a cataract require surgery.

POEM*

Donepezil is somewhat effective for Alzheimer's, probably better than galantamine

Question Are cholinesterase inhibitors safe and effective for Alzheimer's dementia?

Synopsis A previous meta-analysis of functional and behavioural outcomes found little benefit to cholinesterase inhibitors in patients with Alzheimer's dementia (*JAMA* 2003;289:210-16). The current meta-analysis used "global response" as the primary outcome, defined as minimal improvement or better as evaluated by clinicians (clinical global impression of change scale) or clinicians and caregivers (clinician's interview-based impression of change plus caregiver input scale). A secondary outcome was "cognitive response," defined as an improvement of four points or more on the Alzheimer's disease assessment scale cognitive subscale (ADAScog). The authors identified 40 randomised controlled trials, but excluded 24, leaving 16 studies with more than 7800 patients for the final analysis. The *JAMA* meta-analysis used 29 studies, so the current authors were a bit more selective. All studies had a Jadad score for quality of 3 or higher on a five point scale. Overall, the authors estimated a number needed to treat of 12 for global response and 10 for cognitive response, but they also found a number needed to harm of 12 for any adverse event and 16 for any adverse event severe enough to cause a dropout. All drugs were not equal—donepezil (*Aricept*) seems somewhat more effective than galantamine (*Reminyl*) and a bit better tolerated as well. Higher doses did not produce much benefit over lower doses. A flaw in the study is that it combined results from studies even when there was significant heterogeneity (variability between studies). A look at the individual study data for cognitive responders, though, shows that much of this variability may come from combining studies of donepezil and rivastigmine (which clustered together) with those of galantamine. When the drugs were looked at separately, only rivastigmine showed significant heterogeneity. If the definition of success was changed to greater than minimal improvement, the number needed to treat was 42 (95% confidence interval 26 to 114), a much less impressive benefit. With global responders, variability came from a study done on exclusively Japanese patients, which detected a large treatment effect.

Bottom line Using a fairly loose criterion for success of "any benefit," cholinesterase inhibitors helped one patient for every 12 treated, but caused side effects bad enough to force discontinuation of the drug in one of every 16 treated. Donepezil seems to be more effective than galantamine, although head to head trials are lacking. Low doses are similar to high doses in efficacy.

Level of evidence 1a (see www.infoPOEMs.com/resources/levels.html). Systematic reviews (with homogeneity) of randomised controlled trials.

Lancot KL, Herrman N, Yau KK, et al. Efficacy and safety of cholinesterase inhibitors in Alzheimer's disease: a meta-analysis. *CMAJ* 2003;169:557-64.

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* Patient-Oriented Evidence that Matters. See editorial (*BMJ* 2002;325:983)

Editor's choice

Medicine's complexity: exhausting or inspiring?

The central fantasy of medicine is seductive. The patient who has suddenly become desperately sick needs the help of you, the lone doctor. Listening with the intelligence and attention of Sherlock Holmes you pick up an elusive clue and form a diagnosis. Remembering some recondite piece of anatomy, you make an examination that shows you're on the right track. Your examination through a microscope of a speck of urine confirms your highly unusual diagnosis. An injection, and the patient is cured. She smiles beautifully, thanks you profusely, and the next day leaves you a brace of pheasant, a bottle of your favourite whisky, and an invitation to her island retreat in the Caribbean.

The *BMJ*—perhaps sadly—deals in messy, complex reality, which is ultimately, I suggest from my ivory tower, much more interesting. Consider the patient who wants a sickness certificate. He looks fine to you—in fact a lot better than you're feeling. But he says he's sick—most probably with a problem you can't verify. A group from Scotland studied how doctors managed sickness certification and found that most feel uncomfortable (p 88). "I've no discrimination at all," says one doctor. "If a patient comes in and says 'I need to be off for two weeks . . . with a cold,' I'll give him a Med 3 [a sickness certificate], no questions asked." How can you tell a patient that he doesn't have a headache and should get back to work? It's not only philosophically untenable; it may also destroy the doctor patient relationship. "Once a patient didn't come back to me for 10 years because of me refusing her a sick line," reports another doctor. "How," asks a third doctor, "can we act as policeman, friend, social worker, and all the rest of it? We can't."

When asked to sign a certificate you are being asked to be an agent of the state—in particular, the Department for Work and Pensions. But it could be worse. You might be asked to examine an elderly and dishevelled man who has just been pulled from a hole in the ground. As you examine him for lice you see you're being filmed. What do you do? Push the camera away? You probably don't if you are an American army doctor examining Saddam Hussein, but both medical ethics and the Geneva Convention suggest you should (p 115). Samer Jabbour, a professor from Beirut, joins others in arguing that you are an agent of the state. But, worse still, you may be perceived as racist: "The video [shown across the world of Hussein being medically examined] was," argues Jabbour, "a classic Orientalist display, portraying the oriental, barbarian appearing man, with long, uncombed, and dirty hair and beard, being cared for in a civilised manner by a white, clean doctor."

Medical systems—and doctors—are measured not by how they manage the grateful patient who brings whisky but by how they care for terrorists, monsters, and the marginal. By demeaning Hussein the Coalition demeaned itself, its cause, and medicine.

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